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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/775,454
	Filing Date	February 10, 2004
	First Named Inventor	Machlica, John W.
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	88062.000006

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing Acknowledgement Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brian B. Shaw, Registration No. 33,782 HARTER, SECREST & EMERY LLP
Signature	
Date	May 6, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Ruth Knox		
Signature		Date	May 6, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Machlica, John W.                      Atty. Docket: 88062.000006  
Serial No.: 10/775,454                              Examiner:  
Filed: February 10, 2004                          Art Unit:  
Title: GARMENT HANGER

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. 1.97(b)

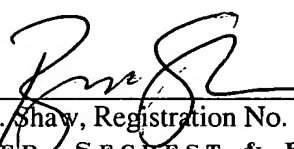
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby submits an Information Disclosure Statement as set forth on the attached forms, PRO/SB/08a.

As this Statement is filed before the mailing of the first Office Action, Applicant believes there are no fees due at this time.

Respectfully submitted,

  
\_\_\_\_\_  
Brian B. Shaw, Registration No. 33,782  
HARTER, SECREST & EMERY LLP  
1600 Bausch & Lomb Place  
Rochester, New York 14604  
Telephone: 585-232-6500  
Fax: 585-232-2152

Dated: May 6, 2004



Substitute for form 1449A/PTO  <div style="text-align: center;"> <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> </div> <div style="text-align: center;"> <i>(use as many sheets as necessary)</i> </div>				<b>Complete if Known</b>	
				Application Number	10/775,454
				Filing Date	February 10, 2004
				First Named Inventor	Machlica, John W.
				Art Unit	
				Examiner Name	
				Attorney Docket Number	88062.000006
Sheet	2	of	3		

[illegible][illegible]

Examiner Signature		Date Considered	
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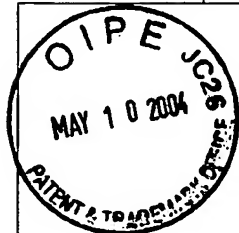
Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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## Certificate of Mailing under 37 CFR 1.8

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*Ruth Knox*

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Ruth Knox

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Note: Each paper must have its own certificates of mailing, or this certificate must identify each submitted paper.

### ENCLOSED ARE:

Transmittal Form (1 page)  
Information Disclosure Statement Under 37 CFR 1.97(b) (1 page)  
Information Disclosure Statement by Applicant (3 pages)  
Certificate of Mailing (1 page)  
Acknowledgement Postcard

Attorney Docket No. 88062.000006

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